



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
SUITE 1950, PARKWAY TOWERS
404 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-0820
(615) 741-1346 • 1-800-342-1663 • FAX (615) 741-6101

TENNESSEE TEACHING SCHOLARS PROGRAM APPLICATION

Type or print in ink. All information must be complete and received at TSAC by the April 15 deadline. A commitment to teach at the preschool, elementary or secondary level in a Tennessee public school is a requisite for receiving the award. An applicant must be a junior, senior or postbaccalaureate student formally admitted to a state approved teacher education program to receive the award. The awards are made on a competitive basis as funding permits.

1. Name _____ 2. Social Security No. _____
Last First Middle

3. Permanent Home Address _____
City _____ State _____ Zip _____ County _____

4. Phone _____ 5. Email Address _____ 6. Driver's License: State _____ No. _____

7. Birth Date _____ 8. U.S. Citizen Yes _____ No _____ (Only U.S. Citizens are eligible)
Month Day Year

9. Sex _____ Male _____ Female 10. Race (Check One) _____ American Indian _____ Oriental American
_____ Black American _____ Spanish American
_____ Caucasian _____ Other _____
Specify

11. (a) Do you presently have a teaching license? Yes _____ No _____ 12. Are you a resident of Tennessee? Yes _____ No _____
(b) Are you currently employed as a teacher? Yes _____ No _____ (Only Tennessee residents are eligible)

13. Please check each program in which you are a current or prior award recipient?
_____ Teacher Loan/Scholarship _____ Teacher Loan Program for Disadvantaged Areas
_____ Paul Douglas Teacher Scholarship Program _____ Minority Teaching Fellows Program
_____ Comm. College Ed. Scholarship for Minorities _____ Ned McWherter Scholars Program
_____ Robert C. Byrd Honors Scholarship Program _____ Other (Specify Name) _____

14. Will you receive any other financial aid that entails a teaching commitment or other service obligation after you receive your teacher licensure?
Yes _____ No _____ (If yes, attach an explanation to this application.)

15. What level do you plan to teach? Preschool _____ Elementary _____ High School _____

16. What discipline do you plan to teach? _____ Science _____ Special Education
_____ Art _____ Mathematics _____ Preschool Generalist _____ Elementary Generalist
_____ Music _____ Social Sciences _____ Natural Sciences _____ Language
_____ Other (Explain) _____

17. What is the highest degree you hold? _____ High School Diploma _____ Master's Degree
_____ Associate's Degree _____ Doctorate's Degree
_____ Bachelor's Degree _____ Other _____

18. What is your class level for the academic year for which you are applying?

_____ 3rd Year (Junior) _____ Graduate or Professional
_____ 4th Year (Senior) _____ Other _____
_____ 5th Year Undergraduate

19. When do you anticipate completing the requirements for teacher licensure? Month _____ Year _____

20. Indicate each term for which you are applying and the number of credit hours you will be taking each term.

		Number of Credit Hours	Half-Time	Full-Time
A.	Fall Semester	_____	_____	_____
B.	Spring Semester	_____	_____	_____
C.	Summer Semester	_____	_____	_____

REFERENCES (You must list three references)

21. Parent or Guardian (if none, list reference)	
Name:	Relation:
Address:	
Home Phone:	
Work Phone:	
Employer: (If self-employed, give name of Company)	
Work Address:	
22. Relative (Not living with parent/guardian in item 22, if none list reference)	23. Spouse (If none, list reference)
Name:	Name:
Relation:	Relation:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Employer: (If self-employed, give name of Company)	Employer: (If self-employed, give name of Company)
Work Address:	Work Address:

24. ADDITIONAL REQUIRED ATTACHMENTS:

Submit to TSAC official copies of all college transcripts, documentation to verify the standardized test score shown in Item 30, and a Letter of Recommendation from an official of the teacher education program at your educational institution attesting to your commitment to teaching and promise of professional success as a teacher.

25. CERTIFICATION BY APPLICANT

I understand that this application must be completed in full by my educational institution and me and received at TSAC by April 15 to be considered. I realize that it must be supported by official copies of all transcripts, a Letter of Recommendation, and documentation to verify my standardized test score. I certify that I have read this application and that it is accurate to the best of my knowledge. I agree to provide, if requested, any other documentation to verify such information. I authorize the educational institution to release to TSAC or its agents, any information requested by such persons (i.e., current address, enrollment status, G.P.A., etc.). I affirm that any funds obtained, as a result of this application will be used solely for expenses related to attendance in teacher education at the educational institution. I understand that I must reapply for this program each year. I agree to notify TSAC of any change in my status including but not limited to name, address, and school attendance. I understand that to remain eligible for the program I will be required to maintain at least a 2.75 G.P.A. or higher if required by the teacher education program at my institution. I affirm my intent to teach in a Tennessee public school one year for each year the award is received at the preschool, elementary or secondary level. I understand that I will be required to sign a promissory note before awards are made.

Signature _____ Date _____

PART B: TO BE COMPLETED BY THE TEACHER EDUCATION PROGRAM TO WHICH THE STUDENT HAS BEEN FORMALLY ADMITTED.

26. Name of Educational Institution _____

Address _____

Telephone Number _____ Fax Number _____

27. Residency

_____ In-State
_____ Out-of-State

28. Standardized Test Score

_____ ACT
_____ SAT
_____ GRE

_____ MAT
_____ PPST

_____ Reading
_____ Writing
_____ Math

29. Undergraduate Cumulative G.P.A. _____
for _____ Semester Hours

30. Graduate Cumulative G.P.A. _____
for _____ Semester Hours

31. CERTIFICATION BY OFFICIAL OF A STATE APPROVED TEACHER EDUCATION PROGRAM

I certify that the information given above is complete and correct to the best of my knowledge, that the above-named student has been formally admitted to a State approved teacher education program, and that such program can be completed within four years from the date of award.

Signature of Dean/Department Head _____ Title _____ Date _____